FluWatch

Public Health Agency of Canada | Agence de la santé publique du Canada

11 to 17 May, 2014 (Week 20)

Overall Summary

- In week 20, influenza activity in Canada continued to decline, although some regions reported small increases in circulation of influenza B. Late-season influenza B activity is past its peak, and remains within expected levels for this time of year. Influenza A activity has been steadily declining over the last five weeks.
- Influenza B is having a greater impact on adults 65 years of age and older and young persons 5 to 19 years of age, compared to influenza A(H1N1) which circulated earlier in the year.
- As of week 20, 4,862 hospitalizations and 291 deaths have been reported from participating regions, which is fewer than were reported last year.

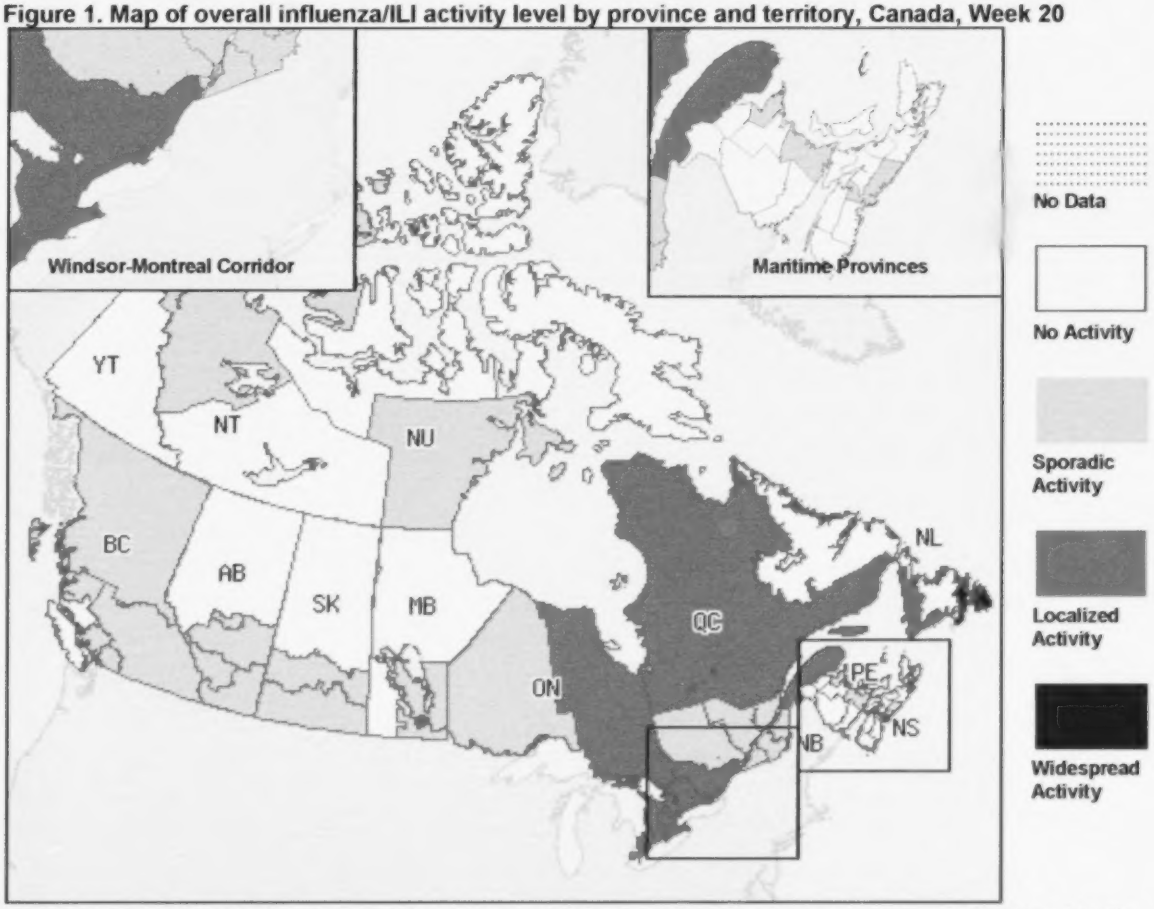
Note: This is the final weekly report for the 2013-14 influenza season. Fortnightly reports will commence on June 6th (for weeks 21 and 22). However, laboratory detections reported through the RVDSS and influenza activity level maps will be updated weekly on the FluWatch website.

Are you a primary health care practitioner (General Practitioner, Nurse Practitioner or Registered Nurse) interested in becoming a FluWatch sentinel for the 2014-15 influenza season? Contact us at FluWatch@phac-aspc.gc.ca

Influenza/ILI Activity (geographic spread)

In week 20, one region in Newfoundland & Labrador reported widespread activity and nine regions reported localized activity (MB(1), ON(6), QC(1), and NL(1)) (Figure 1).

Figure 1. Map of overall influenza/ILI activity level by province and territory, Canada, Week 20

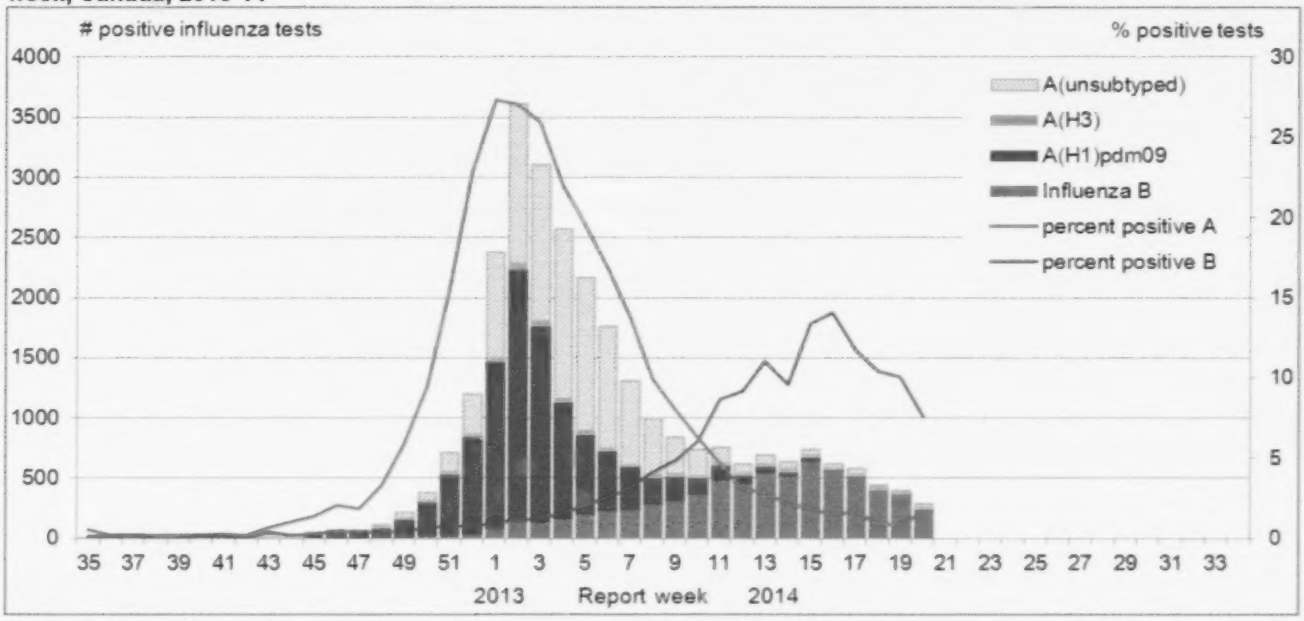


Note: Influenza/ILI activity levels, as represented on this map, are assigned and reported by Provincial and Territorial Ministries of Health, based on laboratory confirmations, sentinel ILI rates and reported outbreaks. Please refer to detailed definitions at the end of the report. Maps from previous weeks, including any retrospective updates, are available on the FluWatch website.

Influenza and Other Respiratory Virus Detections

The number of positive influenza tests decreased from 400 in week 19 to 283 (9.2% of tests) in week 20. Nationally, late-season circulation of influenza B peaked in week 15 and continues to decline (Figure 2). Influenza B remained the predominant virus in week 20, representing 83% of influenza detections. Most jurisdictions have reported stable or declining levels of influenza detections over recent weeks, although slight increases were reported in week 20 in AB, SK and NL (Table 1). Significantly greater proportions of influenza B cases have been ≥65 years of age and 5-19 years of age compared to cases of A(H1N1)pdm09. Among cases for which information on age and type/subtype has been received, 43% of the cases in week 20 were ≥65 years of age compared to 21% of cases for the season to date (Table 2).

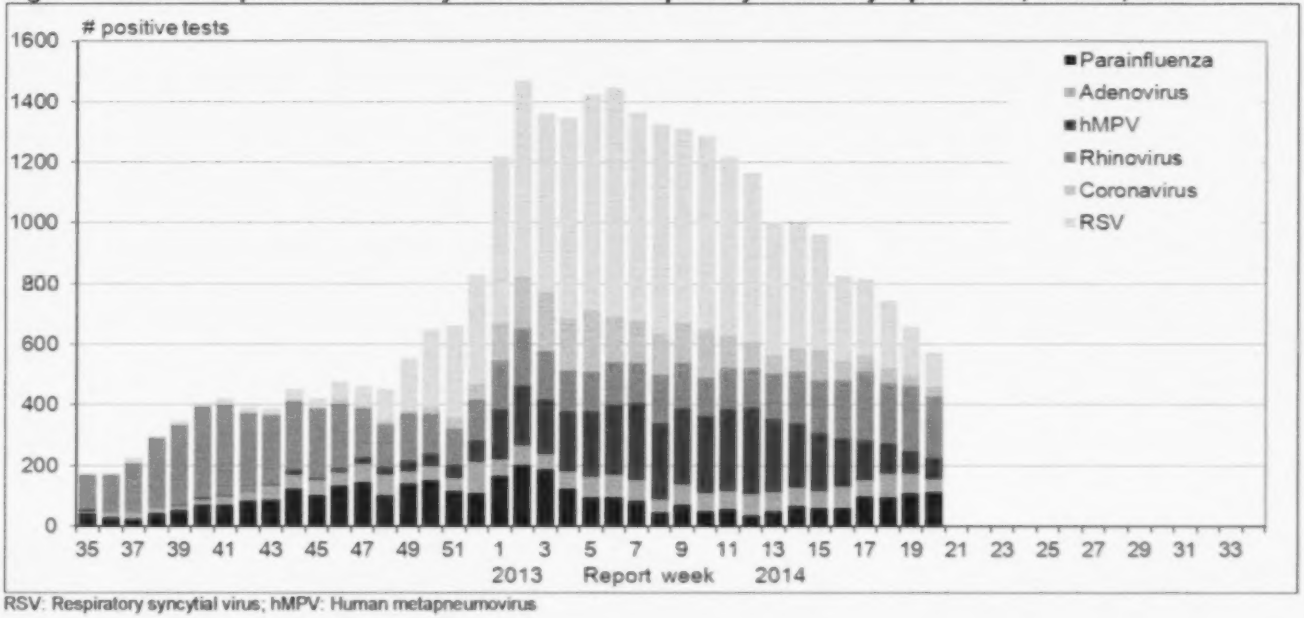
Figure 2. Number of positive influenza tests and percentage of tests positive, by type, subtype and report week, Canada, 2013-14



The number of positive tests for RSV, coronavirus, human metapneumovirus, and rhinovirus has continued to decline in recent weeks. The number of positive tests for parainfluenza has been following a general upward trend in recent weeks, and detections of adenovirus have been variable but declining over the past two weeks. These viruses show broader year-round circulation (Figure 3).

For more details, see the weekly Respiratory Virus Detections in Canada Report.

Figure 3. Number of positive laboratory tests for other respiratory viruses by report week, Canada, 2013-14



RSV: Respiratory syncytial virus; hMPV: Human metapneumovirus

Table 1. Weekly and cumulative numbers of positive influenza specimens by type, subtype and province, Canada, 2013-14

Reporting provinces[1]	Weekly (May 11 to 17, 2014)					Cumulative (August 25, 2013 to May 17, 2014)				
	Influenza A				B	Influenza A				B
	A Total	A(H1)pdm09	A(H3)	A(UnS)	B Total	A Total	A(H1)pdm09	A(H3)	A(UnS)	B Total
BC	0	0	0	0	11	1,807	1,614	53	140	362
AB	18	5	7	6	43	3,871	3,460	90	321	465
SK	0	0	0	0	23	1,383	988	8	387	179
MB	0	0	0	0	0	682	463	5	214	47
ON	18	0	8	10	104	5,757	2,490	380	2,887	2,984
QC	6	0	0	6	35	5,363	677	5	4,681	2,684
NB	2	0	1	1	4	1,490	370	2	1,118	104
NS	1	0	1	0	4	175	134	5	36	43
PE	–	–	–	–	–	119	118	0	1	2
NL	4	0	0	4	10	377	104	0	273	246
Canada	**49**	**5**	**17**	**27**	**234**	**21,024**	**10,418**	**548**	**10,058**	**7,116**
Percentage[2]	17.3%	10.2%	34.7%	55.1%	82.7%	74.7%	49.6%	2.6%	47.8%	25.3%

Table 2. Weekly and cumulative numbers of positive influenza specimens by type, subtype and age-group reported through case-based laboratory reporting[3], Canada, 2013-14

Age groups (years)	Weekly (May 11 to 17, 2014)					Cumulative (August 25, 2013 to May 17, 2014)						
	Influenza A				B	Influenza A				B	Influenza A and B	
	A Total	A(H1) pdm09	A(H3)	A (UnS)	Total	A Total	A(H1) pdm09	A(H3)	A (UnS)	Total	#	%
<5	2	0	2	0	12	3,264	1,451	44	1,769	532	3,796	16.6%
5-19	1	0	0	1	20	1,331	707	25	599	807	2,138	9.4%
20-44	5	5	0	0	17	5,089	2,817	46	2,226	989	6,078	26.6%
45-64	3	0	1	2	36	4,470	2,389	64	2,017	1,460	5,930	26.0%
65+	17	0	9	8	56	2,598	1,000	174	1,424	2,162	4,760	20.8%
Unknown	0	0	0	0	0	137	102	22	13	9	146	0.6%
Total	28	5	12	11	141	16,889	8,466	375	8,048	5,959	22,848	100.0%
Percentage[2]	16.6%	17.9%	42.9%	39.3%	83.4%	73.9%	50.1%	2.2%	47.7%	26.1%		

[1] Specimens from NT, YT, and NU are sent to reference laboratories in other provinces. Cumulative data includes updates to previous weeks.
[2] Percentage of tests positive for sub-types of influenza A are a percentage of all influenza A detections.
[3] Table 2 includes specimens for which demographic information was reported. These represent a subset of all positive influenza cases reported.
UnS: unsubtyped: The specimen was typed as influenza A, but no result for subtyping was available.

Influenza Strain Characterizations

During the 2013-2014 influenza season, the National Microbiology Laboratory (NML) has antigenically characterized 2,052 influenza viruses [114 A(H3N2), 1,367 A(H1N1)pdm09 and 571 influenza B]. The vast majority (99%) of viruses were similar to the strains recommended by the WHO for the 2013-14 seasonal influenza vaccine. Two A(H1N1)pdm09 viruses showed reduced titres to antiserum against the reference A/California/07/2009 strain, and one A(H3N2) virus showed reduced titres to antiserum against the reference A/Texas/50/2012 strain. Twenty-six influenza B viruses were similar to the strain recommended by the WHO for the 2011-12 vaccine (Figure 4).

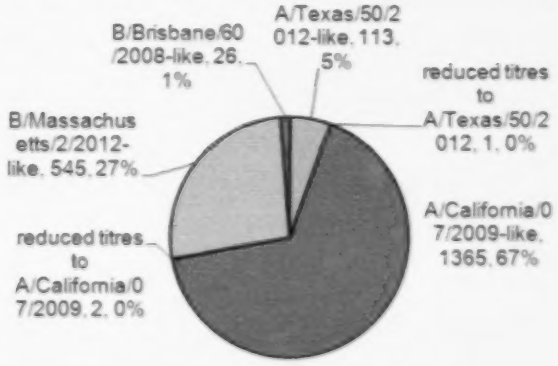

B/Brisbane/60/2008-like, 26, 1%
A/Texas/50/2012-like, 113, 5%
reduced titres to A/Texas/50/2012, 1, 0%
B/Massachusetts/2/2012-like, 545, 27%
A/California/07/2009-like, 1365, 67%
reduced titres to A/California/07/2009, 2, 0%

Figure 4. Influenza strain characterizations, Canada, 2013-14, N = 2,052

The NML receives a proportion of the number of influenza positive specimens from provincial laboratories for strain characterization and antiviral resistance testing. Characterization data reflect the results of haemagglutination inhibition (HAI) testing compared to the reference influenza strains recommended by WHO.

The recommended components for the 2013-2014 northern hemisphere trivalent influenza vaccine include: an A/California/7/2009(H1N1)pdm09-like virus, an A(H3N2) virus antigenically like the cell-propagated prototype virus A/Victoria/361/2011b (e.g. A/Texas/50/2012), and a B/Massachusetts/2/2012-like virus (Yamagata lineage).

Antiviral Resistance

During the 2013-2014 influenza season, NML has tested 1,883 influenza viruses for resistance to oseltamivir and all but five were sensitive. All 1,796 viruses tested for resistance to zanamivir were sensitive. All 1,570 influenza A viruses tested for amantadine resistance were resistant (Table 3).

Table 3. Antiviral resistance by influenza virus type and subtype, Canada, 2013-14

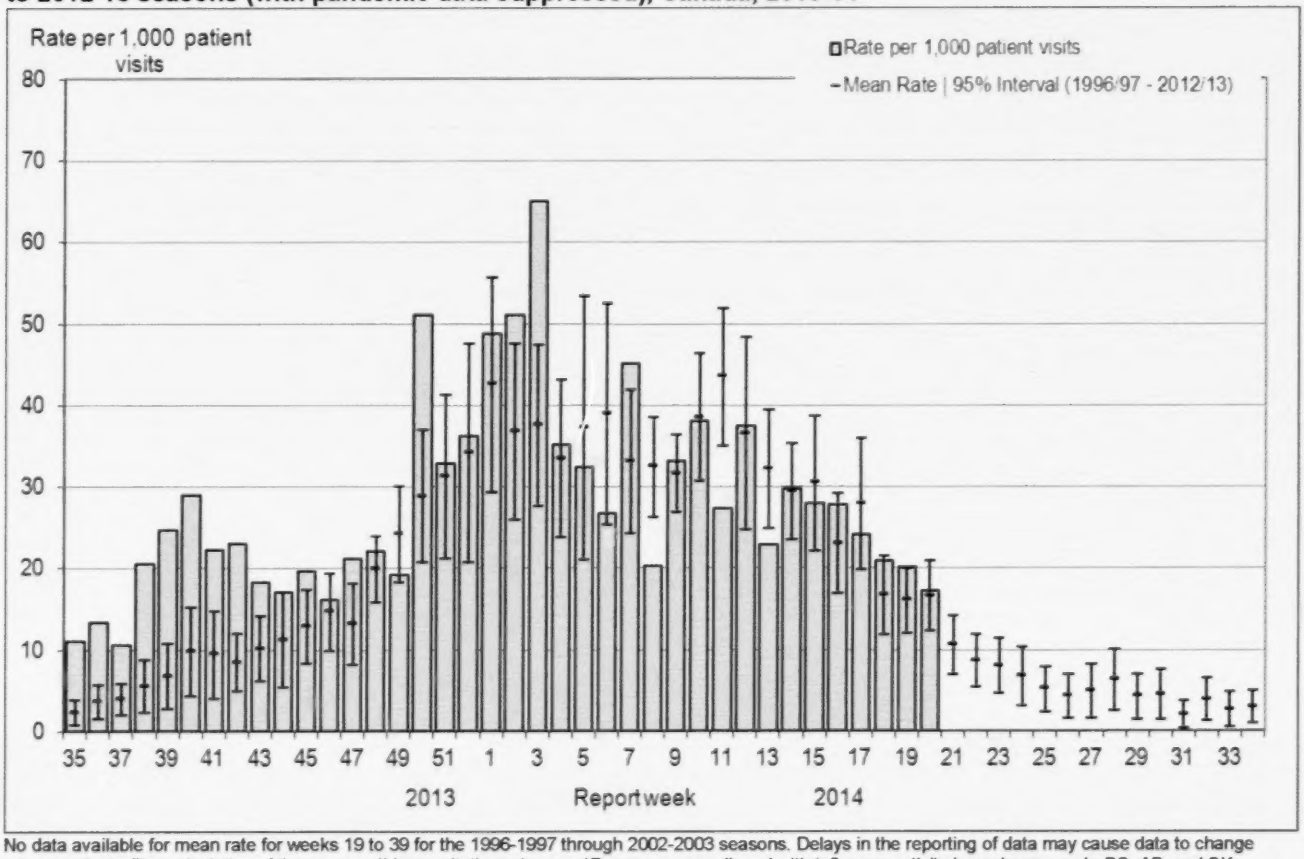
Virus type and subtype	Oseltamivir		Zanamivir		Amantadine	
	# tested	# resistant (%)	# tested	# resistant (%)	# tested	# resistant (%)
A (H3N2)	95	0	92	0	150	150 (100%)
A (H1N1)	1338	5 (0.4%)	1321	0	1420	1420 (100%)
B	450	0	383	0	NA[1]	NA[1]
TOTAL	1883	5 (0.3%)	1796	0	1570	1570 (100%)

[1] NA – not applicable

Influenza-like Illness Consultation Rate

The national influenza-like-illness (ILI) consultation rate decreased from 20.2 consultations per 1,000 patient visits in week 19 to 17.2 per 1,000 in week 20; which was within the expected range for week 20 (Figure 5).

Figure 5. Influenza-like-illness (ILI) consultation rates by report week, compared to the 1996-97 through to 2012-13 seasons (with pandemic data suppressed), Canada, 2013-14

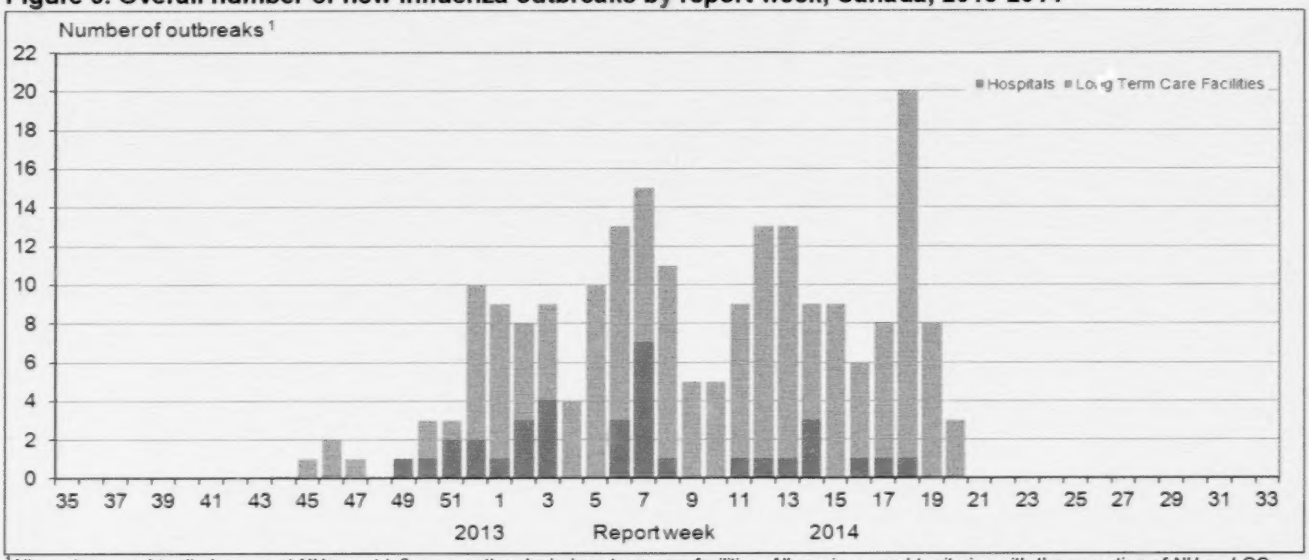


No data available for mean rate for weeks 19 to 39 for the 1996-1997 through 2002-2003 seasons. Delays in the reporting of data may cause data to change retrospectively. The calculation of the average ILI consultation rate over 17 seasons was aligned with influenza activity in each season. In BC, AB, and SK, data is compiled by a provincial sentinel surveillance program for reporting to FluWatch. The number of sentinel physicians in each province or territory is as follows: BC(21), AB(80), SK(11), MB(18), ON(169), QC(14), NB(29), NS(26), PE(4), NL(16), NU(1), NT(14), YT(13). Not all sentinel physicians report every week.

Influenza Outbreak Surveillance

The number of new influenza outbreaks decreased from eight in week 19 to four in week 20. Three of the four were in long-term care facilities (Figure 6) and the fourth was in another type of facility or community setting. Two of the four outbreaks for which the influenza type was identified were influenza B. One additional outbreak of ILI was reported in another type of facility or community setting.

Figure 6. Overall number of new influenza outbreaks by report week, Canada, 2013-2014

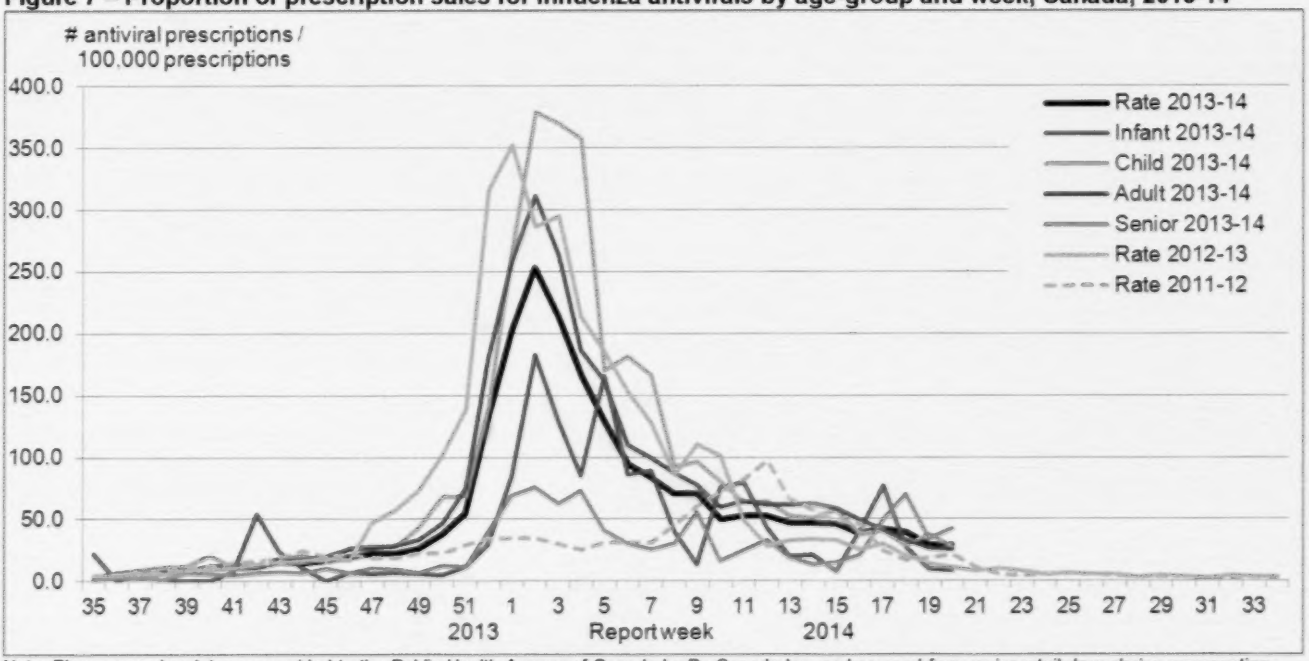


[1]All provinces and territories except NU report influenza outbreaks in long-term care facilities. All provinces and territories with the exception of NU and QC report outbreaks in hospitals. Outbreaks of influenza or influenza-like-illness in other facilities are reported to FluWatch but reporting varies between jurisdictions. Outbreak definitions are included at the end of the report.

Pharmacy Surveillance

In week 20, the proportion of prescriptions for antivirals was the same as the previous week, in keeping with laboratory detections of influenza. Overall this season, the largest proportion of prescriptions for antivirals has been among children 2-18 years of age and adults 19-64 years of age (Figure 7).

Figure 7 – Proportion of prescription sales for influenza antivirals by age-group and week, Canada, 2013-14



Note: Pharmacy sales data are provided to the Public Health Agency of Canada by Rx Canada Inc. and sourced from major retail drug chains representing over 2,500 stores nationwide (excluding Nunavut) in 85% of Health Regions. Data provided include the number of new antiviral prescriptions (for Tamiflu and Relenza) and the total number of new prescriptions dispensed by Province/Territory and age group. Age-groups: Infant: 0-2y, Child: 2-18y; Adult: 19-64y, Senior: ≥65y

Sentinel Hospital Influenza Surveillance

Paediatric Influenza Hospitalizations and Deaths (IMPACT)

In week 20, two new laboratory-confirmed influenza-associated paediatric (≤16 years of age) hospitalizations were reported by the Immunization Monitoring Program Active (IMPACT) network, compared to seven in week 19. Both cases reported in week 20 had influenza B (Figure 8a). A greater proportion of cases with influenza B this season have been children between 2 and 10 years of age compared to A(H1N1)pdm09. One ICU admission was reported in week 20 of a child 2-4 years of age with influenza B, and no deaths were reported.

To date this season, a total of 692 influenza-associated paediatric hospitalizations have been reported by the IMPACT network, 80% of which have been influenza A, and almost all of those subtyped (97%) were A(H1N1)pdm09. Children <5 years of age represent 73% of cases to date (Table 4). One hundred and six ICU admissions have been reported, of which 70 (66%) were children <5 years of age (Figure 9a). All but 14 were cases with influenza A, and 97% of those subtyped were A(H1N1)pdm09. Among the 103 ICU cases with available data, 66 (64%) were reported to have underlying medical conditions. No deaths have been reported. A smaller number of paediatric hospital admissions have been reported this year compared to the 2012-13 season.

Note: The number of hospitalizations reported through IMPACT represents a subset of all influenza-associated paediatric hospitalizations in Canada. Delays in the reporting of data may cause data to change retrospectively.

Adult Influenza Hospitalizations and Deaths (PCIRN)

In week 20, six new laboratory-confirmed influenza-associated adult (≥16 years of age) hospitalizations were reported through active surveillance by the PHAC/CIHR Influenza Research Network (PCIRN) Serious Outcomes Surveillance (SOS) network, compared to 23 in week 19 (Figure 8b). May 15th marked the end of the active surveillance period for PCIRN-SOS. Since the beginning of March the majority of hospitalizations have been associated with influenza B, and the total number of cases has been declining since mid-April. No ICU admissions or deaths were reported in week 20.

To date this season, 1,919 influenza-associated hospitalizations have been reported by the PCIRN-SOS network, 1,320 (68.8%) with influenza A, predominantly A(H1N1)pdm09 (Table 5). Compared to the 2012-13 season, slightly more cases have been reported, although the peak number of cases was smaller. A greater number of cases have been reported during March and April compared to last year, with nearly six times more cases of influenza B reported to date. ICU admission was required for 307 hospitalizations, of which 259 were cases with influenza A (134 A(H1N1)pdm09, nine A(H3N2) and 116 A(unsubtyped)), 47 were cases with influenza B and the influenza type was not reported for one case. A greater proportion of cases have been admitted to the ICU this season compared to last year, but the proportion of deaths has been similar. Of the ICU admissions with available information, 85.5% (183/214) were reported to have at least one comorbidity, and 69.2% (173/250) reported not having been vaccinated this season. Among the 104 deaths reported this season, all but 22 have been cases of influenza A (51 A(H1N1)pdm09, three A(H3N2) and 28 A(unsubtyped)); ten cases 20-44 years of age, 36 cases 45-64 years of age and 58 cases ≥65 years of age (Figure 9b). Among fatal cases with available information, 93.3% (56/60) were reported to have at least one comorbidity, and 49.4% (39/79) reported not having been vaccinated this season.

Note: PCIRN-SOS conducted passive surveillance from April 30th to November 14th, 2013. Cases reported during this period were identified by laboratory detection of influenza among patients admitted to participating hospitals. Active surveillance began November 15th during which time PCIRN site coordinators investigate cases potentially related to influenza. Data from both active and passive surveillance reported during the 2013-14 season are included in this report. The number of hospitalizations reported through PCIRN represents a subset of all influenza-associated adult hospitalizations in Canada. Delays in the reporting of data may cause data to change retrospectively.

Table 4 – Cumulative numbers of paediatric hospitalizations with influenza reported by the IMPACT network, Canada, 2013-14

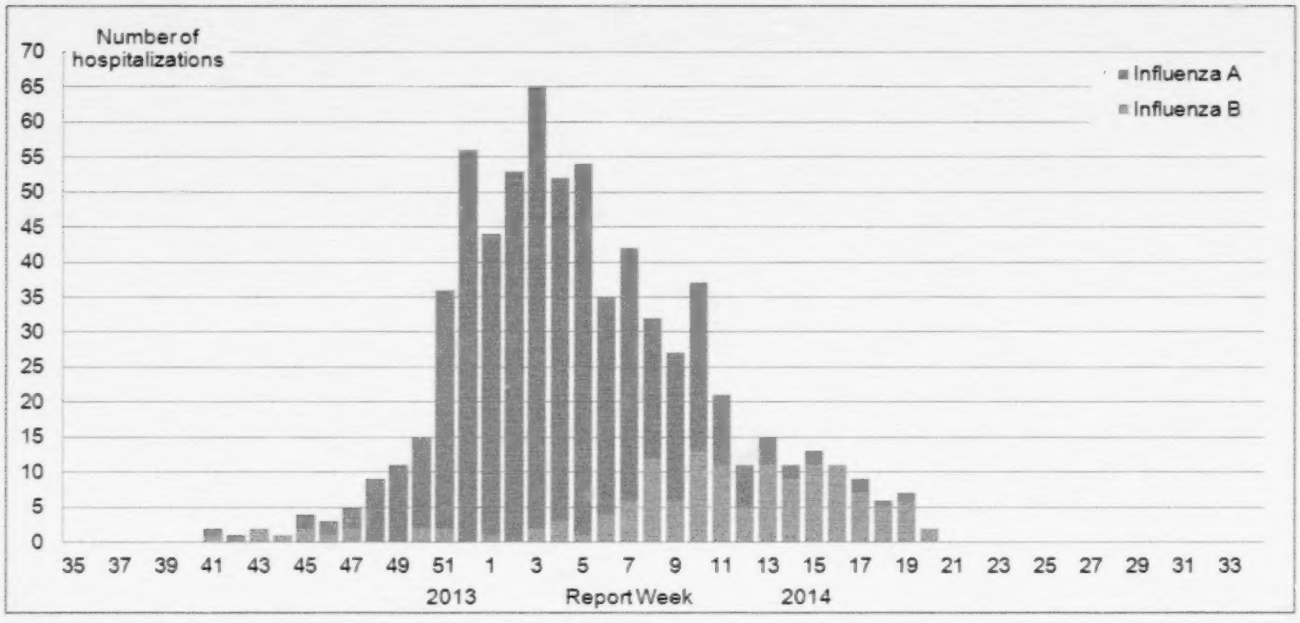
Age groups	Cumulative (25 Aug. 2013 to 17 May 2014)					
	Influenza A				B	Influenza A and B
	A Total	A(H1) pdm09	A(H3)	A (UnS)	Total	# (%)
0-5m	104	36	0	68	8	112 (16%)
6-23m	162	56	1	105	25	187 (27%)
2-4y	165	55	3	107	43	208 (30%)
5-9y	82	28	1	53	51	133 (19%)
10-16y	40	14	1	25	12	52 (8%)
Total	553	189	6	358	139	692
% [1]	79.9%	34.2%	1.1%	64.7%	20.1%	100.0%

Table 5 – Cumulative numbers of adult hospitalizations with influenza reported by the PCIRN-SOS network, Canada, 2013-14

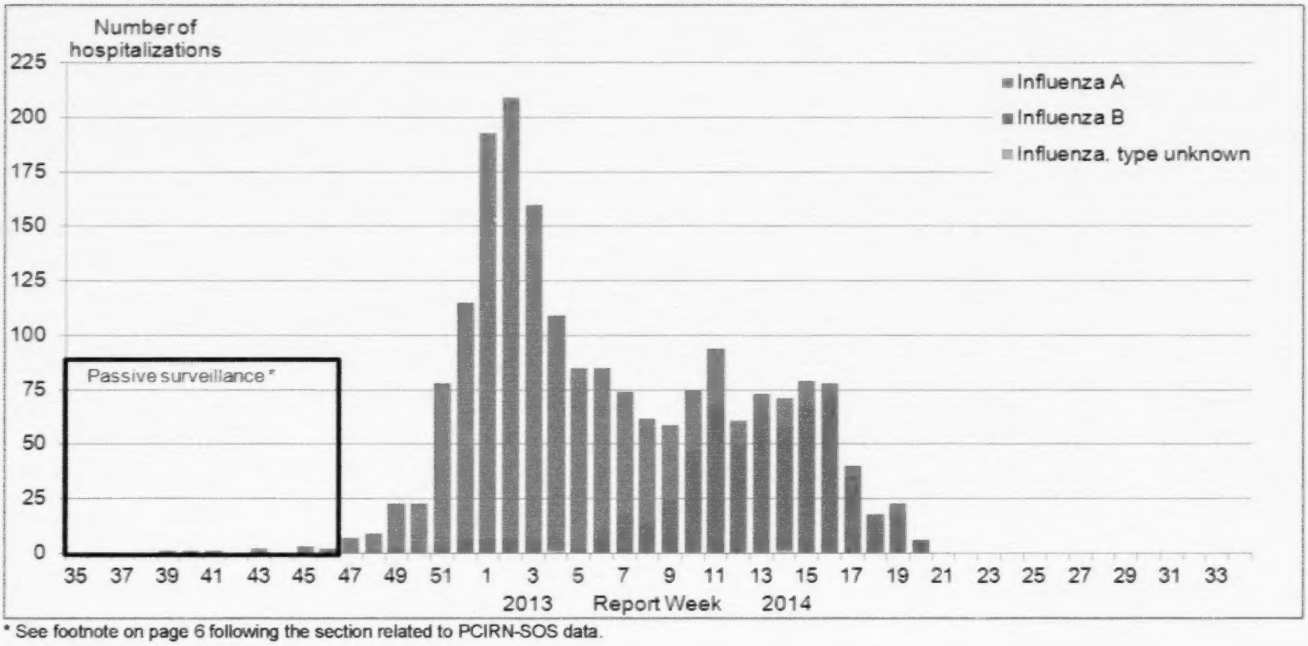
Age groups (years)	Cumulative (25 Aug. 2013 to 15 May 2014) *					
	Influenza A				B	Influenza A and B
	A Total	A(H1) pdm09	A(H3)	A(UnS)	Total	# (%)
16-20	12	5	0	7	3	15 (1%)
20-44	272	142	6	124	44	316 (17%)
45-64	516	240	10	266	132	648 (34%)
65+	516	236	57	223	417	933 (49%)
Total	1316	623	73	620	596	1912
% [1]	69%	47%	6%	47%	31%	100%

[1] Percentage of tests positive for sub-types of influenza A are a percentage of all influenza A detections. UnS: unsubtyped: The specimen was typed as influenza A, but no result for subtyping was available. * Two cases for which the influenza type has not yet been reported, and five cases for which the age-group was not reported, are not included in Table 5.

Figure 8 – Number of cases of influenza reported by sentinel hospital networks, by week, Canada, 2013-14
A) Paediatric hospitalizations (≤16 years of age, IMPACT)



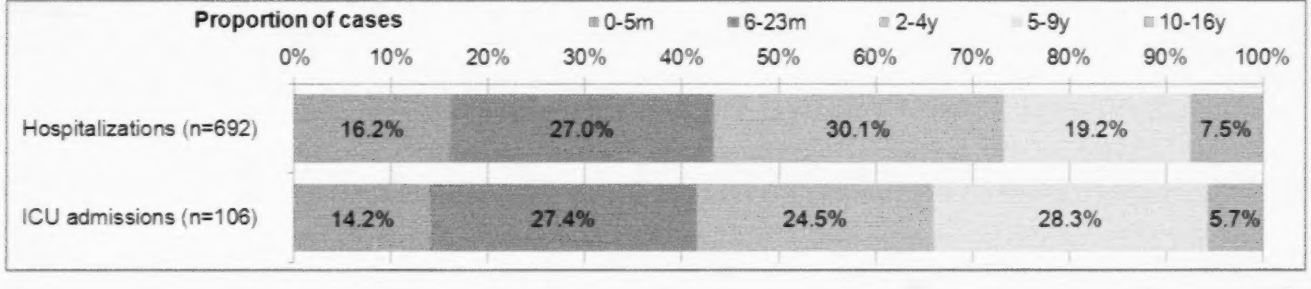
B) Adult hospitalizations (≥16 year of age, PCIRN-SOS)



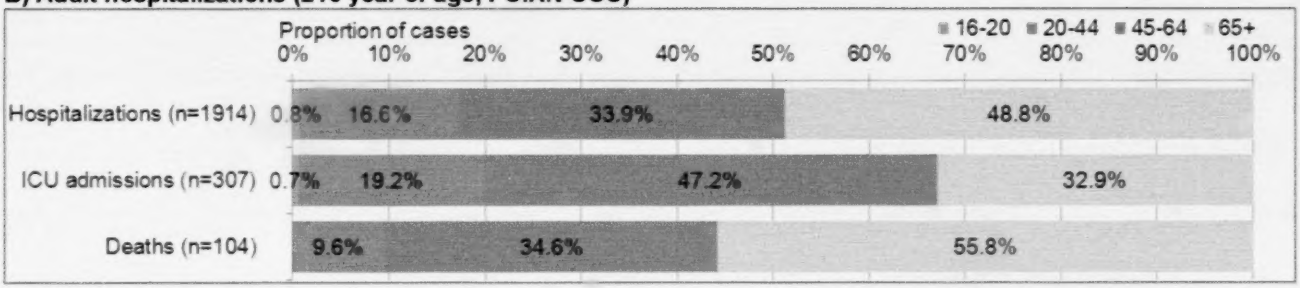
* See footnote on page 6 following the section related to PCIRN-SOS data.

Figure 9 – Percentage of hospitalizations, ICU admissions and deaths with influenza reported by age-group, Canada, 2013-14

A) Paediatric hospitalizations (≤16 years of age, IMPACT)



B) Adult hospitalizations (≥16 year of age, PCIRN-SOS)



Provincial/Territorial Influenza Hospitalizations and Deaths

In week 20, 108 laboratory-confirmed influenza-associated hospitalizations were reported from participating provinces and territories.* As with other surveillance indicators in week 20, the majority were cases of influenza B (99, 91.7%). Three ICU admissions and 14 deaths were reported in week 20. Ten of the 14 deaths were cases with influenza B; of these, 8 cases were adults ≥65 years of age, one was 45-64 years of age and one had no age reported. Among fatal cases with influenza A, two cases were 20-44 years of age, one was 45-64 years of age and one was ≥65 years of age. The number of new influenza-associated hospitalizations and deaths reported for the current week may include cases from Ontario that occurred in previous weeks, as a result of retrospective updates to the cumulative total.

To date this season, 4,862 influenza-associated hospitalizations have been reported, 74.4% with influenza A. The majority (61.7%) of hospitalizations have been cases 45 years of age of older. A significantly greater proportion of cases of influenza B have been ≥65 years of age, and 5-19 years of age, compared to cases of A(H1N1)pdm09 this season (Table 6). A total of 362 ICU admissions have been reported this season, of which 64.6% were adults 20-64 years of age. A total of 291 deaths have been reported. The highest proportion of deaths has been among adults ≥65 years of age (51.9%) followed by adults 20-64 years of age (39.2%). In keeping with the late-season circulation, influenza B has been increasingly reported among hospitalized cases of influenza. To date this season, influenza B has been reported in 25.6% of hospitalizations and 27.1% of deaths. It is important to note that the hospitalization or death does not have to be attributable to influenza, a positive laboratory test is sufficient for reporting. Detailed clinical information (e.g. underlying medical conditions) is not known for these cases.

* Note: Influenza-associated hospitalizations are not reported to PHAC by the following Provinces and Territory: BC, NU, QC, and NB. Only hospitalizations that require intensive medical care are reported by Saskatchewan. ICU admissions are not distinguished among hospital admissions reported from Ontario. Data may also include cases reported by the IMPACT and PCIRN networks.

Table 6 – Cumulative number of hospitalizations with influenza reported by the participating provinces and territories, Canada, 2013-14

Age groups (years)	Cumulative (25 Aug. 2013 to 17 May 2014)					
	Influenza A				B	Influenza A and B
	A Total	A(H1) pdm09	A(H3)	A (UnS)	Total	# (%)
0-4	617	287	12	318	116	733 (15%)
5-14	134	65	6	63	103	237 (5%)
15-19	38	21	4	13	6	44 (1%)
20-44	615	424	5	186	76	691 (14%)
45-64	1,121	706	30	385	245	1,366 (28%)
65+	952	467	104	381	680	1,632 (34%)
Unknown	138	99	3	36	21	159 (3%)
Total	3,615	2,069	164	1,382	1,247	4,862
Percentage[1]	74.4%	57.2%	4.5%	38.2%	25.6%	100%

[1] Percentage of tests positive for sub-types of influenza A are a percentage of all influenza A detections.
UnS: unsubtyped: The specimen was typed as influenza A, but no result for subtyping was available.

See additional data on Reported Influenza Hospitalizations and Deaths in Canada: 2009-10 to 2013-14 on the Public Health Agency of Canada website.

Emerging Respiratory Pathogens

Human Avian Influenza

Influenza A(H7N9): Four new cases of human infection with influenza A(H7N9) have been reported by the World Health Organization since the last FluWatch report. Globally to May 22, 2014, the WHO has been informed of a total of 439 laboratory-confirmed human cases with avian influenza A(H7N9) virus, including 156 deaths.

Documents related to the public health risk of influenza A(H7N9), as well as guidance for health professionals and advice for the public is updated regularly on the following websites:
PHAC – Avian influenza A(H7N9)
WHO – Avian Influenza A(H7N9)

Middle East Respiratory Syndrome Coronavirus (MERS-CoV)

Despite recent increases in the number of cases and sporadic reports of cases exported outside the Middle East, the public health risk posed by MERS-CoV in Canada remains low (see the PHAC Assessment of Public Health Risk). Globally, from September 2012 to May 22, 2014, the WHO has been informed of a total of 632 laboratory-confirmed cases of infection with MERS-CoV, including 193 deaths. All cases have either occurred in the Middle East or have had direct links to a primary case infected in the Middle East.

Documents related to the public health risk of MERS-CoV, as well as guidance for health professionals and advice for the public is updated regularly on the following websites:
PHAC – Middle East respiratory syndrome coronavirus (MERS-CoV)
WHO – Coronavirus infections

International Influenza Reports

World Health Organization influenza update

World Health Organization FluNet

WHO Influenza at the human-animal interface

Centers for Disease Control and Prevention seasonal influenza report

EuroFlu weekly electronic bulletin

European Centre for Disease Prevention and Control - epidemiological data

South Africa Influenza surveillance report

New Zealand Public Health Surveillance

Australia Influenza Report

Pan-American Health Organization Influenza Situation Report

FluWatch Definitions for the 2013-2014 Season

Abbreviations: Newfoundland/Labrador (NL), Prince Edward Island (PE), New Brunswick (NB), Nova Scotia (NS), Quebec (QC), Ontario (ON), Manitoba (MB), Saskatchewan (SK), Alberta (AB), British Columbia (BC), Yukon (YT), Northwest Territories (NT), Nunavut (NU).

Influenza-like-illness (ILI): Acute onset of respiratory illness with fever and cough and with one or more of the following - sore throat, arthralgia, myalgia, or prostration which is likely due to influenza. In children under 5, gastrointestinal symptoms may also be present. In patients under 5 or 65 and older, fever may not be prominent.

ILI/Influenza outbreaks

- **Schools:** Greater than 10% absenteeism (or absenteeism that is higher (e.g. >5-10%) than expected level as determined by school or public health authority) which is likely due to ILI. Note: it is recommended that ILI school outbreaks be laboratory confirmed at the beginning of influenza season as it may be the first indication of community transmission in an area.
- **Hospitals and residential institutions:** two or more cases of ILI within a seven-day period, including at least one laboratory confirmed case. Institutional outbreaks should be reported within 24 hours of identification. Residential institutions include but not limited to long-term care facilities (LTCF) and prisons.
- **Workplace:** Greater than 10% absenteeism on any day which is most likely due to ILI.
- **Other settings:** two or more cases of ILI within a seven-day period, including at least one laboratory confirmed case; i.e. closed communities.

Note that reporting of outbreaks of influenza/ILI from different types of facilities differs between jurisdictions.

Influenza/ILI Activity Levels

1 = No activity: no laboratory-confirmed influenza detections in the reporting week, however, sporadically occurring ILI may be reported

2 = Sporadic: sporadically occurring ILI and lab confirmed influenza detection(s) with **no outbreaks** detected within the influenza surveillance region†

3 = Localized: (1) evidence of increased ILI* ;
(2) lab confirmed influenza detection(s);
(3) **outbreaks** in schools, hospitals, residential institutions and/or other types of facilities occurring in **less than 50% of the influenza surveillance region**†

4 = Widespread: (1) evidence of increased ILI*;
(2) lab confirmed influenza detection(s);
(3) **outbreaks** in schools, hospitals, residential institutions and/or other types of facilities occurring **in greater than or equal to 50% of the influenza surveillance region**†

Note: ILI data may be reported through sentinel physicians, emergency room visits or health line telephone calls.

* More than just sporadic as determined by the provincial/territorial epidemiologist.

† Influenza surveillance regions within the province or territory as defined by the provincial/territorial epidemiologist.

We would like to thank all the Fluwatch surveillance partners who are participating in this year's influenza surveillance program.

This report is available on the Public Health Agency website at the following address: http://www.phac-aspc.gc.ca/fluwatch/index.html.

Ce rapport est disponible dans les deux langues officielles.